Reply to the Letter to the Editor

Reply to Katznelson et al.
Tranexamic acid is safe with regard to vein graft patency

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Keywords: Coronary surgery; Aprotinin; Tranexamic acid

Thank you for alerting the EJCTS to this excellent paper [1,2]. Your paper used MRI scanning to show that the patency of vein grafts between 5 and 30 days after coronary surgery was 87% (231/265) in the placebo group and 85% (253/297) in patients who received 100 mg/kg of tranexamic acid after induction of anaesthesia. We are also aware that you used this important information in the creation of the BART trial [3], a landmark paper in the assessment of drug therapy to minimise bleeding after cardiac surgery. Your paper is available full-text for free currently from the Journal of Thoracic and Cardiovascular Surgery and I encourage readers to download it and read it in full including the optimal dosages of tranexamic acid for patients undergoing coronary surgery.

References


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Letter to the Editor

Guideline on antiplatelet and anticoagulation management in cardiac surgery

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We congratulate Dunning and colleagues for their guideline on antiplatelet and anticoagulation management in cardiac surgery [1]. However, we disagree with the authors’ statement regarding a lack of studies demonstrating safety of perioperative tranexamic acid (TA) administration and venous graft patency.

Our research group conducted a double-blind prospective randomized controlled trial exploring the very issue of intra-operative administration of TA and early saphenous vein graft (SVG) patency in patients undergoing coronary artery bypass graft surgery with cardiopulmonary bypass (CPB) [2]. A total of 312 patients were randomized to receive either TA or placebo. The primary objective of this study was to determine the equivalence of SVG patency rates between the treatment and placebo groups. In 237 patients saphenous vein graft patency was assessed with magnetic resonance imaging during the first month postoperatively. Our results showed insignificant variation in graft patency rates between the two groups. Consequently, TA could be advocated for routine use in patients undergoing coronary revascularization procedures with CPB to minimize postoperative bleeding and reduce perioperative blood product transfusion rates.

References